Docket No.: 117174

APPLICATION FOR UNITED STATES PATENT **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	aimed in the specif	ication:		
Check one *a.	attached hereto	n		
			No and ame	ended on
	(if applicable)).		
I here	by state that I have	e reviewed and understand the con	tents of the above-identified specific	cation, including the claims, a
	amendment referre		on known to me to be material to pate	ontohility oo dofined in Tisle 27
Code of Federal	Regulations, §1.56		on known to me to be material to paid	entability as defined in Title 57
Under application(s) file	Title 35, U.S. Co ed by me or my leg	de §119, the priority benefits of the gal representatives or assigns within	e following foreign application(s) and none year prior to this application are	nd/or United States provisional hereby claimed:
(1) Japan	ese Patent Appli	ication No. 2002-276024 filed	on September 20, 2002	
		ication No. 2003-287429 filed		
States of Americ	a either (a) more ti	n(s) for patent or inventor's certific han one year prior to this application provisional application(s):	cate on this invention were filed in on, or (b) before the filing date of the	countries foreign to the United e above-named foreign priority
I herel	transact all busine	ess in the Patent Office:	with full power of substitution and	d revocation to prosecute this
			iam P. Berridge, Reg. No. 30,024;	
	Kir Edu	k M. Hudson, Reg. No. 27,562; Ti	nomas J. Pardini, Reg. No. 30,411; Robert A. Miller, Reg. No. 32,771;	
	Mario A. Co	stantino, Reg. No. 33,565; and St	ephen J. Roe, Registration No.	34,463.
ALL CORRES	PONDENCE IN (CONNECTION WITH THIS AP DRIA, VIRGINIA 22320, TELEI	PLICATION SHOULD BE SENT PHONE (703) 836-6400.	TO OLIFF & BERRIDGE
I hereb own knowledge a were made with	PONDENCE IN O 19928, ALEXAN y declare that I have are true and that all the knowledge that I itle 18 of the Uni	DRIA, VIRGINIA 22320, TELEI ve reviewed and understand the cor il statements made on information at t willful false statements and the lil	PLICATION SHOULD BE SENT PHONE (703) 836-6400. Intents of this Declaration, and that all and belief are believed to be true; and see so made are punishable by fine or all false statements may jeopardize the	statements made herein of my d further that these statements imprisonment, or both, under
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including country)

Ashigarakami-gun, Kanagawa, Japan

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^{*}If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

^{**}Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

1	Typewritten Full Nan	ne			
	of Second Joint Inver	ntor (if any)	Tetsuro		Kodera
			Given Name	Middle Initial	Family Name
2	**Inventor's Signature	<u> </u>	Tetsuro		Kilera
3	**Date of Signature:		September	10, 2003	
			Month	Day	Year
	Residence:	Ashigaraka	ni-gun	Kanagawa	Japan
	Cirinanakian	City		State or Province	Country
	Citizenship:	Japanese			
		Post Office Address: (Insert complete	c/o FUJI XEROX (CO., LTD., 430, Sakai, Naka	ai-machi.
		mailing address,		, , , , , , , , , , , , , , , , , , , ,	,
		including country)	Ashigarakami-gun,	Kanagawa, Japan	
1	Typewritten Full Nan				
	of Third Joint Invent	or (if any)		26111 7 221	
2	**I		Given Name	Middle Initial	Family Name
2	**Inventor's Signature	<u> </u>			· ·
3	**Date of Signature:				
	D 11	Month		Day	Year
	Residence:				Japan
		City		State or Province	Country
	Citizenship:				
		Post Office Address:			
		(Insert complete mailing address,			
		including country)			
1	Typewritten Full Nan	ne			
•	of Fourth Joint Inven				
			Given Name	Middle Initial	Family Name
2	**Inventor's Signature	:	21.1.1.1		,
3	**Date of Signature:				· · · · · · · · · · · · · · · · · · ·
,	Date of Signature.		Month	Day	Year
	Residence:			,	
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	Citizenship:	-		5 tale 0. 1 to 1 more	
	•	Japanese Post Office Address:			
		(Insert complete			
		mailing address,			
		including country)			
1	Typewritten Full Nan				
	of Fifth Joint Invento	or (if any)			
•	***		Given Name	Middle Initial	Family Name
2	**Inventor's Signature			27	
3	**Date of Signature:				
			Month	Day	Year
	Residence:				
		City		State or Province	Country
	Citizenship:				
	Post Offi	ce Address:			
		(Insert complete			
		mailing address, including country)			
		merading country)			

^{**}Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.